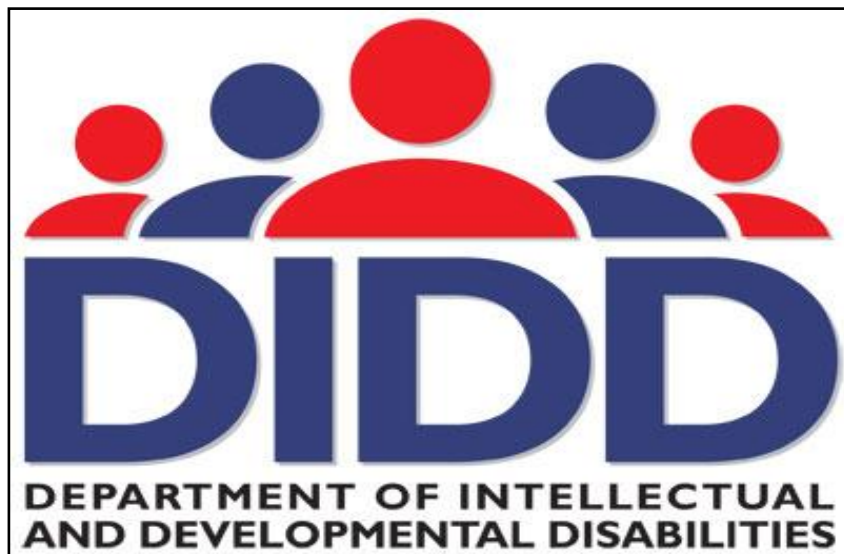




THE STATE OF TENNESSEE

Department of Intellectual and Developmental Disabilities



DATA MANAGEMENT REPORT

July 22, 2011

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QUALITY MANAGEMENT DATA REPORT

July 22, 2011

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A Demographics for HCBS Waiver Recipients

Data Source:

The census represents the number of active cost plans on the last day of the reporting month with decedents and disenrollments added back in for a monthly total of active waiver participants. The number of remaining slots for the Statewide HCBS, ADC, and SD Waivers is based on the unduplicated slots used this waiver year. The number of waiver slots are determined by calendar year. The census data is not related to number of slots left in the waiver calendar year. The source of this data is CS Tracking.

DIDD Demographics Main Waiver (CS)		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
5	East	2344	2349	2353	2349	2350	2348	2340	2342	2341	2338	2335	2344
6	Middle	2350	2358	2366	2372	2361	2360	2359	2353	2360	2361	2359	2366
7	West	1398	1410	1413	1427	1420	1415	1418	1421	1417	1421	1411	1416
8	Statewide	6092	6117	6132	6148	6131	6123	6117	6116	6118	6120	6105	6126
CALENDAR YEAR FORMULAS		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
9	Approved Slots per calendar year	6300	6300	6300	6300	6300	6300	6390	6390	6390	6390	6390	6390
10	Used unduplicated slots (Jan-current mo.)	6196	6232	6256	6284	6299	6304	6147	6158	6172	6190	6200	6220
11	# of slots remaining for calendar year	104	68	44	16	1	-4	243	232	218	200	190	170

DIDD Demographics Arlington Waiver (CS Tracking)		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
12	East	4	4	4	4	4	4	5	5	5	5	5	5
13	Middle	1	1	1	1	1	1	1	1	1	1	1	1
14	West	319	318	319	320	320	324	325	325	326	326	326	326
15	Statewide	324	323	324	325	325	329	331	331	332	332	332	332
CALENDAR YEAR FORMULAS		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
16	Approved Slots per calendar year	344	344	344	344	344	344	344	344	344	344	344	344
17	Used unduplicated slots (Jan-current mo.)	327	327	327	328	329	333	332	333	335	336	337	338
18	# of slots remaining for calendar year	17	17	17	16	15	11	12	11	9	8	7	6

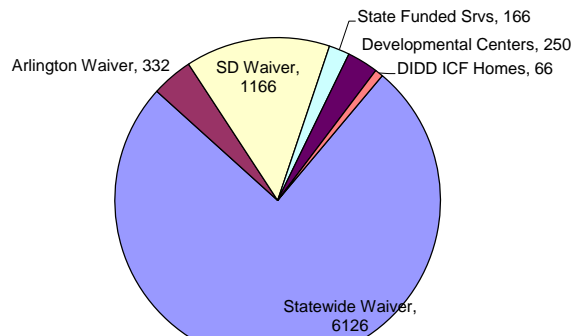
DIDD Demographics SD Waiver (CS)		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
19	East	410	410	414	416	414	417	418	416	418	417	415	413
20	Middle	440	439	441	441	434	435	437	437	437	435	435	436
21	West	328	329	328	327	324	324	323	322	319	321	317	317
22	Statewide	1178	1178	1183	1184	1172	1176	1178	1175	1174	1173	1167	1166
CALENDAR YEAR FORMULAS		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
23	Approved Slots per calendar year	2250	2250	2250	1802	1802	1802	1802	1802	1802	1802	1802	1802
24	Used unduplicated slots (Jan-current mo.)	1218	1222	1229	1235	1237	1243	1181	1184	1187	1192	1196	1201
25	# of slots remaining for calendar year	1032	1028	1021	567	565	559	621	618	615	610	606	601

DIDD Demographics State Funded (CS)		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
26	East	52	49	51	56	60	68	82	87	88	92	83	92
27	Middle	22	22	25	25	25	31	31	31	31	33	35	37
28	West	37	36	37	39	40	40	35	35	38	37	32	37
29	Statewide	111	107	113	120	125	139	148	153	157	162	150	166

Developmental Center Census		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
30	GVDC	243	243	243	240	238	228	220	211	208	202	199	197
31	CBDC	88	78	76	76	73	70	61	58	56	53	48	47
32	HJC	9	8	8	8	7	7	7	7	7	6	6	6
33	ADC	30	26	14	0	0	0	0	0	0	0	0	0
34	Total	370	355	341	324	318	305	288	276	271	261	253	250

DIDD PUBLIC ICFMR CENSUS		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
35	East				2	2	8	12	18	18	18	17	19
36	Middle												
37	West	23	24	33	47	47	46	46	46	47	47	47	47
38	TOTAL	23	24	33	49	49	54	58	64	65	65	64	66

DIDD Census June 2011 Total Served: 8106



B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

Total Waiver Enrollments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
1 Arlington Waiver	0	0	1	1	1	4	3	2	1	0	1	1	15
2 SD Waiver	12	3	7	4	2	5	4	3	3	2	4	5	54
3 HCBS Main Waiver	30	32	30	21	21	4	10	9	12	17	13	21	220
4 Total	42	35	38	26	24	13	17	14	16	19	18	27	289

Arlington Waiver Enrollments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
5 Arlington At Risk	0	0	0	0	1	4	3	2	1	0	1	1	13
6 Arlington Transition	0	0	1	1									2
7 Arlington Waiver Total	0	0	1	1	1	4	3	2	1	0	1	1	15

SD Waiver Enrollments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
WL- Intake Committee													
8 East	0	2	3	3	2	3	1	1	3	1	1	2	22
9 Middle	0	0	3	1	0	2	3	2	0	1	1	3	16
10 West	0	0	1	0	0	0	0	0	0	0	0	0	1
11 Total	0	2	7	4	2	5	4	3	3	2	2	5	39

Conversions from State Funded Svcs	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
12 East	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Middle	12	0	0	0	0	0	0	0	0	0	0	0	12
14 West	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Total	12	0	0	0	0	0	0	0	0	0	0	0	12

At Risk	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
16 At Risk Group Enrollments into SD	0	1	0	0	0	0	0	0	0	0	2	0	3

Total by Region	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
18 East	0	2	3	3	2	3	1	1	3	1	1	2	22
19 Middle	12	0	3	1	0	2	3	2	0	1	1	3	28
20 West	0	1	1	0	0	0	0	0	0	0	2	0	4
21 Grand Total SD Waiver	12	3	7	4	2	5	4	3	3	2	4	5	54

HCBS Statewide Waiver Enrollments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
WL- Intake Committee													
22 East	6	3	6	2	3	2	3	2	1	2	4	3	37
23 Middle	1	8	7	5	2	0	0	1	5	3	2	5	39
24 West	2	1	2	1	0	0	0	1	0	2	1	1	11
25 Total	9	12	15	8	5	2	3	4	6	7	7	9	87

Conversions	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
26 East	1	0	0	0	0	0	0	0	0	0	0	0	1
27 Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
28 West	2	2	0	0	0	0	0	0	0	0	0	0	4
29 Total	3	2	0	0	0	0	0	0	0	0	0	0	5

Transfers from SD to HCBS	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
30 East	0	0	0	1	1	0	1	0	1	1	0	2	7
31 Middle	1	1	2	0	1	0	1	0	0	0	1	2	9
32 West	0	1	2	0	1	0	0	0	0	0	0	0	4
33 Total	1	2	4	1	3	0	2	0	1	1	1	4	20

DCS Placements	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
34 East	1	0	1	0	0	0	0	2	1	1	0	0	6
35 Middle	3	1	1	0	1	0	1	0	1	1	1	0	10
36 West	0	1	0	2	1	0	0	1	0	3	0	1	9
37 Total	4	2	2	2	2	0	1	3	2	5	1	1	25

PASSR/ Nursing Homes	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
38 East	1	1	0	1	1	0	1	0	0	2	0	2	9
39 Middle	0	2	2	0	1	0	1	1	0	0	0	1	8
40 West	0	0	0	0	2	0	0	0	0	0	0	0	2
41 Total	1	3	2	1	4	0	2	1	0	2	0	3	19

	DC Completed Transitions into the Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
42	GVDC	1	0	0	1	0	0	0	0	0	0	0	2	4
43	CBDC	6	3	3	2	1	1	2	1	2	0	3	1	25
44	HJC	2	0	0	0	1	0	0	0	0	1	0	0	4
45	Total	9	3	3	3	2	1	2	1	2	1	3	3	33

	At Risk Class Enrollments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
46	East	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
48	West	3	8	4	6	5	1	0	0	1	1	1	1	31
49	Total	3	8	4	6	5	1	0	0	1	1	1	1	31

	Total by Region	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
50	East	10	4	7	5	5	2	5	4	3	6	4	9	64
51	Middle	13	15	15	7	7	1	5	3	8	5	7	9	95
52	West	7	13	8	9	9	1	0	2	1	6	2	3	61
53	Grand Total Statewide Waiver	30	32	30	21	21	4	10	9	12	17	13	21	220

B	Waiver Disenrollments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
	Arlington Waiver													
1	Death	0	0	0	0	0	0	0	0	1	1	1	1	4
2	Voluntary Request by person/family	0	0	0	0	0	0	1	0	0	0	0	0	1
3	Services no longer appropriate	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Moved	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Transitioned to an ICFMR	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Total Disenrolled	0	0	0	0	0	0	1	0	1	1	1	1	5

	SD Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
9	Death	0	1	0	0	0	1	2	0	0	0	1	1	6
10	Voluntary Request by person/family	1	0	0	0	1	1	1	1	0	1	1	0	7
11	Services no longer appropriate	1	0	0	0	0	0	0	0	1	0	0	1	3
12	Moved	0	0	0	0	1	1	0	0	0	0	0	1	3
13	Involuntary	0	0	0	0	1	0	0	0	0	0	0	0	1
14	Transition to another waiver program	1	2	2	3	0	0	1	0	0	0	0	0	9
15	Transitioned to an ICFMR	0	0	0	0	0	0	0	0	0	0	1	0	1
16	Total Disenrolled	3	3	2	3	3	3	4	1	1	1	3	3	30

	HCBS Main Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
17	Death	9	5	6	7	11	8	14	13	8	10	12	4	107
18	Voluntary Request by person/family	2	3	1	4	1	1	3	0	0	2	1	1	19
19	Services no longer appropriate	1	0	2	0	0	1	0	0	1	1	1	1	8
20	Moved	0	0	0	0	2	0	2	0	2	1	0	0	7
21	Involuntary	0	0	0	0	1	1	0	0	0	0	1	0	3
22	Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Transitioned to an ICFMR	0	0	1	0	0	0	0	0	0	0	1	0	2
24	Total Disenrolled	12	8	10	11	15	11	19	13	11	14	16	6	146

25	Total Waiver Disenrollments:	15	11	12	14	18	14	24	14	13	16	20	10	181
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B Developmental Center-to-Community Transitions Report														
	Greene Valley	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
1	Census	243	243	243	240	238	228	220	211	208	202	199	197	
2	Admissions			0	0	0	0	0	0	0	0	0	0	0
	Discharges													
3	Death			0	0	0	0	1	1	1	0	1	0	4
4	Transition to another dev center			0	0	0	0	0	0	0	0	0	0	0
5	Transition to community state ICF			0	2	0	6	3	6	0	0	0	0	17
6	Transition to private ICF			0	0	2	4	4	2	2	6	2	0	22
7	Transition to waiver program			0	1	0	0	0	0	0	0	0	2	3
8	Transition to non DIDD srvs*			0	0	0	0	0	0	0	0	0	0	0
9	Total Discharges			0	3	2	10	8	9	3	6	3	2	46
	Clover Bottom	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
10	Census	83	83	79	79	76	73	68	59	56	54	48	47	
11	Admissions			0	0	0	0	0	0	0	0	0	0	0
	Discharges													
12	Death			0	0	0	0	0	0	0	0	0	0	0
13	Transition to another dev center			0	0	0	0	0	0	0	0	0	0	0
14	Transition to community state ICF			0	0	3	0	1	0	0	0	0	0	4
15	Transition to private ICF			2	0	0	2	6	2	0	0	3	0	15
16	Transition to waiver program			3	0	0	1	2	1	2	0	3	1	13
17	Transition to non DIDD srvs*			0	0	0	0	0	0	0	0	0	0	0
18	Total Discharges			5	0	3	3	9	3	2	0	6	1	32
	Harold Jordan Center	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
19	Census	9	8	8	8	7	7	7	7	7	6	6	6	
20	Admissions			0	0	0	0	0	0	0	0	0	0	0
	Discharges													
21	Death			0	0	0	0	0	0	0	0	0	0	0
22	Transition to another dev center			0	0	0	0	0	0	0	0	0	0	0
23	Transition to community state ICF			0	0	0	0	0	0	0	0	0	0	0
24	Transition to private ICF			0	0	0	0	0	0	0	0	0	0	0
25	Transition to waiver program			0	0	1	0	0	0	0	1	0	0	2
26	Transition to non DIDD srvs*			0	0	0	0	0	0	0	0	0	0	0
27	Total Discharges			0	0	1	0	0	0	0	1	0	0	2
	Arlington Dev Center	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
28	Census	30	26	14	0									
29	Admissions			0	0									0
	Discharges													
30	Death			0	0									0
31	Transition to another dev center			0	0									0
32	Transition to community state ICF			7	15									22
33	Transition to private ICF			3	0									3
34	Transition to Arl waiver program			1	1									2
35	Transition to non DIDD srvs*			0	0									0
36	Total Discharges			11	16									27
	East Public ICF Home	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
37	Census					2	8	12	19	18	18	17	17	
38	Admissions						6	4	6	0	0	0	0	16
39	Discharges													
40	Death						0	0	0	0	0	1	0	1
41	Transition to another dev center						0	0	0	1	0	0	0	1
42	Transition to public state ICF						0	0	0	0	0	0	0	0
43	Transition to private ICF						0	0	0	0	0	0	0	0
44	Transition to waiver program						0	0	0	0	0	0	0	0
45	Transition to non DIDD srvs*						0	0	0	0	0	0	0	0
46	Total Discharges			0	0	0	0	0	0	1	0	1	0	2
	West Public ICF Home	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	FYTD
47	Census					47	46	46	46	47	47	47	46	
48	Admissions						0	0	0	1	0	0	0	1
49	Discharges													
50	Death						1	0	0	0	0	0	1	2
51	Transition to another dev center						0	0	0	0	0	0	0	0
52	Transition to public state ICF						0	0	0	0	0	0	0	0
53	Transition to private ICF						0	0	0	0	0	0	0	0
54	Transition to waiver program						0	0	0	0	0	0	0	0
55	Transition to non DIDD srvs*						0	0	0	0	0	0	0	0
56	Total Discharges			0	0	0	1	0	0	0	0	0	1	2

Analysis:

For June 2011, there were a total of 26 waiver enrollments. 1 person enrolled into the Arlington Waiver, 5 people enrolled into the SD Waiver, and 21 people enrolled into

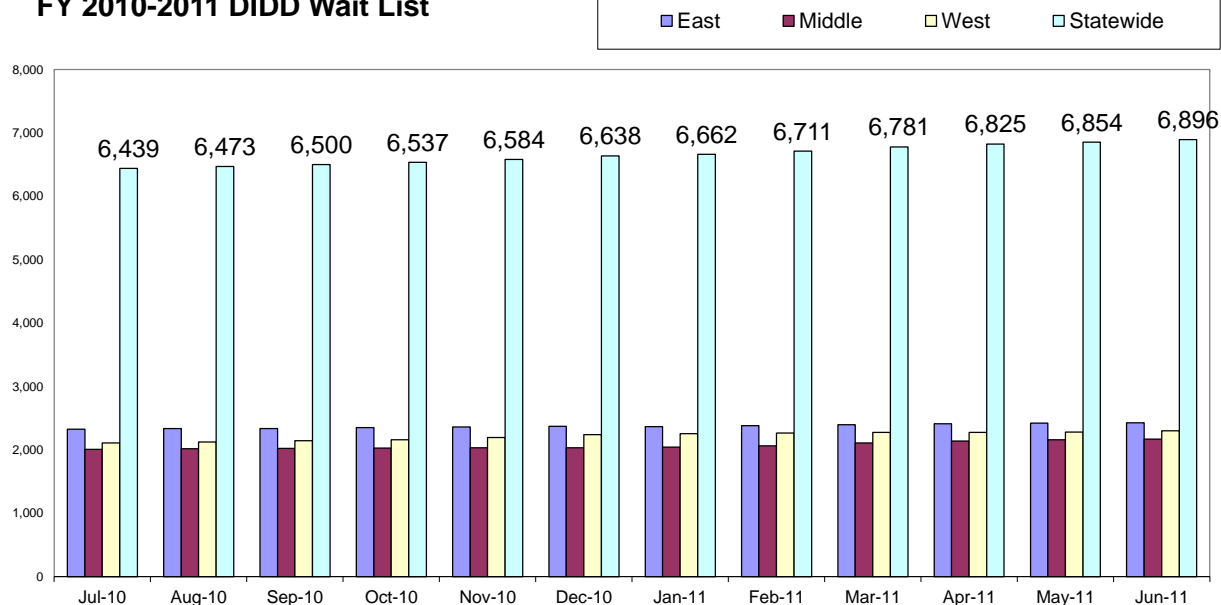
C Waiting List Demographics

Data Source:

The Central Office Compliance Unit and/or designee maintains the wait list data below. The wait list is a web based data system in which Regional Intake Units update as needed. The reported data is compiled on a monthly basis.

	East	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
1	# of Crisis cases	34	33	25	25	21	20	16	16	21	17	18	16
2	# of Urgent cases	366	367	367	365	370	373	379	381	385	387	392	399
3	# of Active cases	1,422	1,421	1,425	1,430	1,432	1,439	1,437	1,446	1,446	1,455	1,452	1,456
4	# of Deferred cases	502	513	517	528	536	537	534	540	546	551	557	556
5	Wait List Total	2,324	2,334	2,334	2,348	2,359	2,369	2,366	2,383	2,398	2,410	2,419	2,427
	Middle	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
6	# of Crisis cases	28	30	33	36	39	40	39	38	34	32	32	42
7	# of Urgent cases	297	298	297	299	298	298	301	299	296	296	294	291
8	# of Active cases	1,352	1,356	1,357	1,361	1,360	1,360	1,362	1,385	1,432	1,465	1,484	1,477
9	# of Deferred cases	332	332	334	333	334	333	338	340	346	345	347	359
10	Wait List Total	2,009	2,016	2,021	2,029	2,031	2,031	2,040	2,062	2,108	2,138	2,157	2,169
	West	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
11	# of Crisis cases	31	36	35	31	19	13	25	26	29	28	26	34
12	# of Urgent cases	86	90	91	92	95	99	102	103	103	106	107	105
13	# of Active cases	1,695	1,679	1,684	1,686	1,702	1,712	1,712	1,710	1,714	1,713	1,715	1,725
14	# of Deferred cases	294	318	335	351	378	414	420	428	429	430	430	436
15	Wait List Total	2,106	2,123	2,145	2,160	2,194	2,238	2,256	2,266	2,275	2,277	2,278	2,300
	Statewide	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
16	# of Crisis cases	93	99	93	92	79	73	80	80	84	77	76	92
17	# of Urgent cases	749	755	755	756	763	770	779	782	784	789	793	795
18	# of Active cases	4,469	4,456	4,466	4,477	4,494	4,511	4,511	4,541	4,592	4,633	4,651	4,658
19	# of Deferred cases	1,128	1,163	1,186	1,212	1,248	1,284	1,292	1,308	1,321	1,326	1,334	1,351
20	Wait List Total	6,439	6,473	6,500	6,537	6,584	6,638	6,662	6,711	6,781	6,825	6,854	6,896
	Net Effect from Last Month	23	34	27	37	47	54	24	49	70	44	29	42
	Additions	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
22	# of Crisis cases added	10	12	7	9	4	3	1	4	8	9	5	12
23	# of Urgent cases added	8	15	9	7	15	10	16	13	9	9	5	24
24	# of Active cases added	23	24	20	28	37	17	27	51	70	47	34	56
25	# of Deferred cases added	22	24	27	37	42	41	29	26	20	9	8	22
26	Total # Added to the Wait List	63	75	63	81	98	71	73	94	107	74	52	114
	Removals	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
27	For enrollment into SD Waiver	1	4	4	5	5	2	1	2	7	5	4	10
28	For enrollment into HCBS Waiver	19	12	19	12	15	6	8	12	16	16	10	31
29	For enrollment into Arlington Waiver	0	1	0	1	0	0	0	0	0	1	0	1
30	Receiving Other Funded Services	0	3	1	5	2	0	1	2	2	0	0	3
31	Voluntarily	1	5	3	5	3	2	9	4	0	3	3	4
32	Due to Death	2	0	3	2	22	3	3	9	2	0	2	3
33	Not Eligible for Services	2	2	0	1	3	0	8	4	2	0	0	2
34	Moved Out of Region	5	9	4	2	1	0	8	8	5	2	1	0
35	Moved Out of State	8	2	2	4	1	2	4	1	0	1	0	14
36	Duplicate Name	0	1	0	4	0	1	6	0	0	2	2	3
37	Other Reasons	13	19	13	27	18	8	21	24	10	11	13	8
38	Total Number Removed	51	58	49	68	70	24	69	66	44	41	35	79
	Wait List by Region	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
39	East	2,324	2,334	2,334	2,348	2,359	2,369	2,366	2,383	2,398	2,410	2,419	2,427
40	Middle	2,009	2,016	2,021	2,029	2,031	2,031	2,040	2,062	2,108	2,138	2,157	2,169
41	West	2,106	2,123	2,145	2,160	2,194	2,238	2,256	2,266	2,275	2,277	2,278	2,300
42	Statewide	6,439	6,473	6,500	6,537	6,584	6,638	6,662	6,711	6,781	6,825	6,854	6,896

FY 2010-2011 DIDD Wait List



C Waiting List Populations

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
1 School aged children (0-21, excluding DCS)	2719	2718	2713	2733	2725	2702	2703	2720	2741	2749	2742	2,739
2 DCS children (0-21)	92	92	88	88	88	91	93	95	96	96	91	91
3 Nursing Home Residents	35	35	34	33	34	36	36	34	33	116	123	129
4 Regional Mental Health Centers	22	22	22	22	22	22	20	20	20	20	20	22
5 DIDD State Funded Services	23	0	0	0	0							
6 Adults with no Service	3548	3606	3643	3661	3715	3787	3810	3842	3891	3844	3878	3915
7 Total	6439	6473	6500	6537	6584	6638	6662	6711	6781	6825	6854	6896

Analysis:

In June 2011, the statewide waiting list increased by 42 people for a new total of 6896. For this fiscal year, 965 people have been added to the list. For the fiscal year, 654 were removed. There was a net increase of 480 people. In June, 79 people were removed from the wait list. There are 92 people identified in the Crisis category, 795 in the Urgent category, 4658 in the Active category and 1351 in the Deferred category. Adults with no Service is the largest demographic on the list with 3915 adults identified. The second highest group is School aged children 0-21 at 2739 (excluding those in DCS custody). The Nursing Home Resident demographic has been increasing for a new total of 129. This is largely due to the identification and confirmation of location of persons in the At Risk group of the Remedial Order Class. The smallest demographic groups on the wait list are the people identified in the Regional Mental Health Centers (22 persons), and children in DCS custody (91 children). Note that the persons identified for the Regional Mental Health Centers is a group small group that are long term residents. Acute care

D Protection From Harm/ Complaint Resolution

Data Source:

Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

Complaints by Source- Self Determination Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
1 Total # of Complaints	0	0	4	2	0	0	0	0	0	0	0	1
2 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
3 % from TennCare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
4 # from a Concerned Citizen	0	0	2	0	0	0	0	0	0	0	0	0
5 % from a Concerned Citizen	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
6 # from the Waiver Participant	0	0	0	0	0	0	0	0	0	0	0	0
7 % from the Waiver Participant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
8 # from a Family Member	0	0	1	2	0	0	0	0	0	0	0	0
9 % from a Family Member	0.0%	0.0%	25.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
10 # from Conservator	0	0	1	0	0	0	0	0	0	0	0	1
11 % from Conservator	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
13 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
14 % from Advocate (Paid)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
15 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0
16 % from PTP Interview	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A

Complaints by Source - Statewide Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
20 Total # of Complaints	15	14	22	11	6	9	15	9	18	17	12	21
21 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
21 % from TennCare	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
22 # from a Concerned Citizen	1	0	0	1	2	0	6	2	1	0	2	2
23 % from a Concerned Citizen	7%	0.0%	0.0%	9.1%	33.3%	0.0%	40.0%	22.2%	5.6%	0.0%	16.7%	9.5%
24 # from the Waiver Participant	0	0	2	1	0	0	3	2	0	0	0	1
25 % from the Waiver Participant	0%	0.0%	9.1%	9.1%	0.0%	0.0%	20.0%	22.2%	0.0%	0.0%	0.0%	4.8%
26 # from a Family Member	3	8	11	6	2	3	0	2	2	3	4	2
27 % from a Family Member	20.0%	57.1%	50.0%	54.5%	33.3%	33.3%	0.0%	22.2%	11.1%	17.6%	33.3%	9.5%
28 # from Conservator	8	6	8	2	1	5	6	2	13	8	6	12
29 % from Conservator	53%	42.9%	36.4%	18.2%	16.7%	55.6%	40.0%	22.2%	72.2%	47.1%	50.0%	57.1%
31 # Advocate (Paid)	0	0	0	1	0	0	0	1	0	0	0	0
32 % from Advocate (Paid)	0%	0.0%	0%	9%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%
33 # from PTP Interview	3	0	1	0	1	1	0	0	2	6	0	4
34 % from PTP Interview	20%	0.0%	4.5%	0.0%	16.7%	11.1%	0.0%	0.0%	11.1%	35.3%	0.0%	19.0%

Complaints by Source - Arlington Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
38 Total # of Complaints	6	2	6	1	10	2	1	0	0	0	5	3
39 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
40 % from TennCare	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
41 # from a Concerned Citizen	0	0	2	0	0	0	0	0	0	0	0	1
42 % from a Concerned Citizen	0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
43 # from the Waiver Participant	1	0	4	0	3	1	0	0	0	0	1	1
44 % from the Waiver Participant	17%	0.0%	66.7%	0.0%	30.0%	50.0%	0.0%	0.0%	0.0%	0.0%	20.0%	33.3%
45 # from a Family Member	0	0	0	0	0	0	0	0	0	0	0	0
46 % from a Family Member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
47 # from Conservator	4	2	0	0	7	0	1	0	0	0	4	1
48 % from Conservator	67%	100.0%	0.0%	0.0%	70.0%	0.0%	100.0%	0.0%	0.0%	0.0%	80.0%	33.3%
50 # Advocate (Paid)	0	0	0	1	0	1	0	0	0	0	0	0
51 % from Advocate (Paid)	0%	0.0%	0.0%	100.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
52 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0
53 % from PTP Interview	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Data Management Report
July 22, 2011

Complaints by Issue- Self Determination Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
54 Total Number of Complaints	0	0	4	2	0	0	0	0	0	0	0	1
55 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
56 % Behavior Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
57 # Day Service Issues	0	0	0	1	0	0	0	0	0	0	0	0
58 % Day Service Issues	0%	0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
59 # Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
60 % Environmental Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
61 # Financial Issues	0	0	0	0	0	0	0	0	0	0	0	0
62 % Financial Issues		0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
63 # Health Issues	0	0	0	0	0	0	0	0	0	0	0	0
64 % Health Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
65 # Human Rights Issues	0	0	1	0	0	0	0	0	0	0	0	0
66 % Human Rights Issues	0%	0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
67 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
68 % ISC Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
69 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
70 % ISP Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
71 # Staffing Issues	0	0	2	1	0	0	0	0	0	0	0	0
72 % Staffing Issues	0%	0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
73 # Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
74 % Therapy Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
75 # Transportation Issues	0	0	0	0	0	0	0	0	0	0	0	0
76 % Transportation Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
77 # Case Management Issues	0	0	1	0	0	0	0	0	0	0	0	1
78 % Case Management Issues	0%	0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
79 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
80 % Other Issues	0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A

Complaints by Issue - Statewide Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
81 Total Number of Complaints	15	14	22	11	6	9	15	9	18	17	12	21
82 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
83 % Behavior Issues	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
84 # Day Service Issues	1	1	0	0	0	0	1	0	0	0	0	2
85 % Day Service Issues	7%	7.1%	0.0%	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	9.5%
86 # Environmental Issues	2	0	3	0	0	1	3	0	0	2	4	0
87 % Environmental Issues	13%	0.0%	13.6%	0.0%	0.0%	11.1%	20.0%	0.0%	0.0%	11.8%	33.3%	0.0%
88 # Financial Issues	0	0	3	4	2	0	5	0	1	2	0	4
89 % Financial Issues	0%	0.0%	13.6%	36.4%	33.3%	0.0%	33.3%	0.0%	5.6%	11.8%	0.0%	19.0%
90 # Health Issues	1	2	1	0	1	0	1	0	0	1	0	0
91 % Health Issues	7%	14.3%	4.5%	0.0%	16.7%	0.0%	6.7%	0.0%	0.0%	5.9%	0.0%	0.0%
92 # Human Rights Issues	3	2	3	1	1	1	3	3	1	3	2	5
93 % Human Rights Issues	20%	14.3%	13.6%	9.1%	16.7%	11.1%	20.0%	33.3%	5.6%	17.6%	16.7%	23.8%
94 # ISC Issues	1	2	3	0	1	0	0	0	3	0	0	0
95 % ISC Issues	7%	14.3%	13.6%	0.0%	16.7%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%
96 # ISP Issues	0	0	0	0	0	1	0	0	0	1	1	0
97 % ISP Issues	0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	5.9%	8.3%	0.0%
98 # Staffing Issues	6	7	8	6	1	5	2	6	13	6	5	10
99 % Staffing Issues	40%	50.0%	36.4%	54.5%	16.7%	55.6%	13.3%	66.7%	72.2%	35.3%	41.7%	47.6%
100 # Therapy Issues	0	0	0	0	0	1	0	0	0	0	0	0
101 % Therapy Issues	0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
102 # Transportation Issues	0	0	1	0	0	0	0	0	0	2	0	0
103 % Transportation Issues	0%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.8%	0.0%	0.0%
104 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
105 % Case Management Issues	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
106 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
107 % Other Issues	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Complaints by Issue - Arlington Waiver	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
108 Total Number of Complaints	6	2	6	1	10	2	1	0	0	0	5	3
109 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
110 % Behavior Issues	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
111 # Day Service Issues	0	0	1	0	0	0	0	0	0	0	0	0
112 % Day Service Issues	0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
113 # Environmental Issues	1	0	0	0	0	0	0	0	0	0	0	2
114 % Environmental Issues	17%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%
115 # Financial Issues	0	0	0	0	3	0	0	0	0	0	2	0
116 % Financial Issues	0%	0.0%	0.0%	0.0%	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%
117 # Health Issues	0	1	0	0	2	0	0	0	0	0	0	0
118 % Health Issues	0%	50.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
119 # Human Rights Issues	0	0	1	0	0	1	0	0	0	0	1	0
120 % Human Rights Issues	0%	0.0%	16.7%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%
121 # ISC Issues	1	0	0	0	0	0	0	0	0	0	0	0
122 % ISC Issues	17%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
123 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
124 % ISP Issues	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
125 # Staffing Issues	4	1	1	1	3	0	1	0	0	0	2	1
126 % Staffing Issues	67%	50.0%	16.7%	100.0%	30.0%	0.0%	100.0%	0.0%	0.0%	0.0%	40.0%	33.3%
127 # Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
128 % Therapy Issues	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
129 # Transportation Issues	0	0	3	0	2	1	0	0	0	0	0	0
130 % Transportation Issues	0%	0.0%	50.0%	0.0%	20.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
131 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0.00%
132 % Case Management Issues	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
133 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
134 % Other Issues	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Analysis:

CRS Analysis for June 2011

1. There were 29 interventions completed in June as well as 1 provider vs provider mediations and 1 other provider-COS mediation. There were 25 complaints statewide which is a substantial increase from May data. Some of the issues requiring intervention were the same type of topics seen in other months:
 - The basic theme of 80% of interventions is the inability of the provider and the family member\Conservator\and/or individual to be able to communicate effectively to resolve conflicts.
2. Training: CRS continues to provide training on Conflict Resolution to providers and at family meetings. Meetings are scheduled for July, August and September. Tom O'Brien will be presenting Conflict resolution strategies at both the RHA and Pacesetters management training sessions this fall.
3. Focus Group: The Focus group has met in March, April, May and June 2011. The group is ready to make suggestions to DIDD management concerning waiver amendments that may improve their services according to how the Focus Group members visualize their needs getting met. The Focus group members are also ready to work on some training videos to help build awareness with their potential provider staff on how better to work with them to get their needs met successfully. The meetings for July are: Middle 7\26, Chattanooga 7\19, and West 7\27.
4. CRS also works closely with the ARC Advocates and will be surveying this program in July and August 2011.

D Protection From Harm/Incident Management

Data Source:

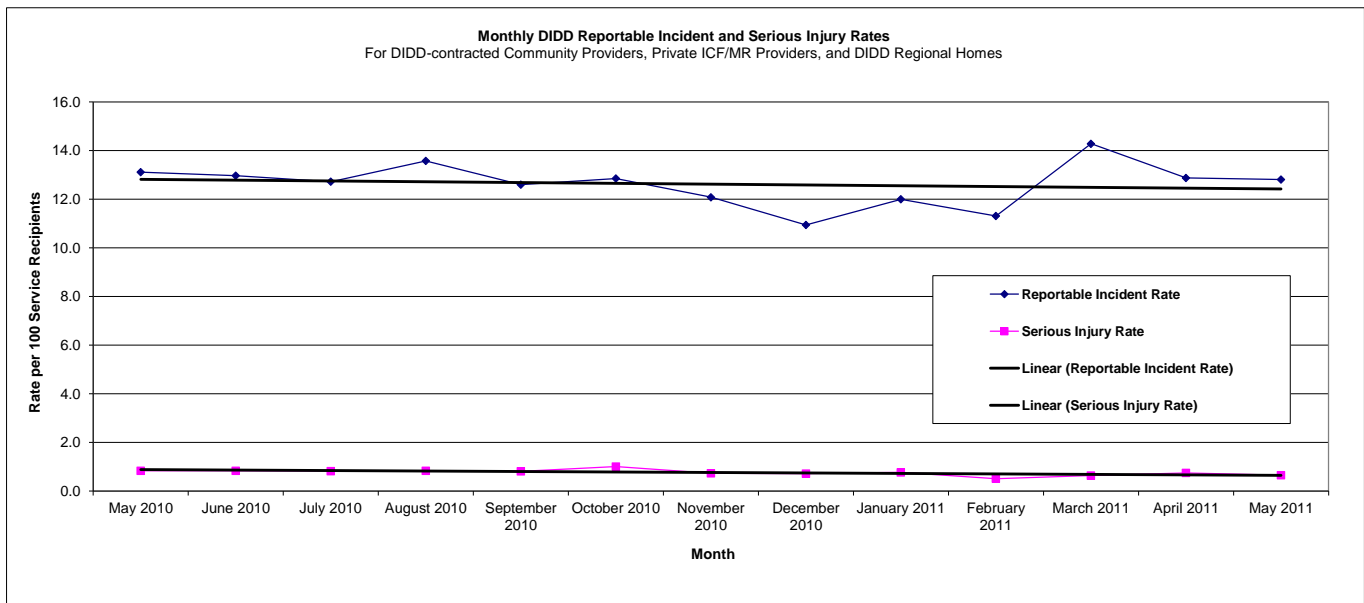
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.

Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.

Incidents / East		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
1	# of Reportable Incidents	363	404	391	402	343	357	359	359	427	373	384		4162
	Rate of Reportable Incidents per 100 people	11.9	13.2	12.8	13.1	11.2	11.6	11.6	11.5	14	12.2	12.6		12.3
3	# of Serious Injuries	26	22	27	27	19	29	32	19	16	26	17		260.0
	Rate of Incidents that were Serious Injuries per 100 people	0.85	0.72	0.88	0.88	0.62	0.94	1.04	0.61	0.52	0.85	0.56		0.8
5	# of Incidents that were Falls	32	31	20	39	25	31	27	22	18	26	31		302.0
6	Rate of Falls per 100 people	1.05	1.01	0.65	1.27	0.81	1.01	0.87	0.71	0.59	0.85	1.02		0.9
7	# of Falls resulting in serious injury	13	13	11	14	9	16	17	9	6	14	6		128.0
8	% of serious injuries due to falls	50.0%	59.1%	40.7%	51.9%	47.4%	55.2%	53.1%	47.4%	37.5%	53.8%	35.3%		48.3%
Incidents / Middle		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
15	# of Reportable Incidents	412	423	384	401	355	313	387	338	407	390	400		4210
	Rate of Reportable Incidents per 100 people	13.5	13.9	12.5	13	11.6	10.2	12.6	11	13.3	12.7	13.1		12.5
17	# of Serious Injuries	26	29	29	38	30	25	23	10	22	27	27		286.0
	Rate of Incidents that were Serious Injuries per 100 people	0.85	0.95	0.94	1.23	0.98	0.81	0.75	0.32	0.72	0.88	0.88		0.8
19	# of Incidents that were Falls	23	32	31	35	22	23	36	22	34	29	23		310.0
20	Rate of Falls per 100 people	0.76	1.05	1.01	1.13	0.72	0.75	1.17	0.71	1.11	0.95	0.75		0.9
21	# of Falls resulting in serious injury	8	15	10	17	10	12	10	6	13	8	13		122.0
22	% of serious injuries due to falls	30.8%	51.7%	34.5%	42.1%	33.3%	48.0%	43.5%	60.0%	59.1%	29.6%	48.1%		43.7%
Incidents / West		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
29	# of Reportable Incidents	291	313	289	292	323	256	270	265	364	318	287		3268
	Rate of Reportable Incidents per 100 people	12.8	13.7	12.6	12.4	14	11.1	11.7	11.5	16	14	12.7		13.0
31	# of Serious Injuries	18	19	13	21	13	7	10	15	16	10	11		153.0
	Rate of Incidents that were Serious Injuries per 100 people	0.79	0.83	0.57	0.89	0.56	0.3	0.43	0.65	0.7	0.44	0.49		0.6
37	# of Incidents that were Falls	19	17	12	21	13	18	20	18	23	14	10		185.0
39	Rate of Falls per 100 people	0.83	0.74	0.52	0.89	0.56	0.78	0.87	0.78	1.01	0.61	0.44		0.7
40	# of Falls resulting in serious injury	6	5	1	12	3	3	3	7	7	2	5		54.0
41	% of serious injuries due to falls	33.3%	26.3%	77.0%	57.1%	23.1%	42.9%	30.0%	46.7%	43.8%	20.0%	45.5%		40.5%

D Protection From Harm/Incident Management

Incidents / Statewide		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
44	# of Reportable Incidents	1066	1140	1064	1095	1021	926	1016	962	1198	1081	1071		11640
	Rate of Reportable Incidents per 100 people	12.7	13.6	12.6	12.9	12.01	10.9	12	11.3	14.3	12.9	12.8		12.5
46	# of Serious Injuries	70	70	69	86	62	61	65	44	54	63	55		699.0
	Rate of Incidents that were Serious Injuries per 100 people	0.84	0.83	0.82	1.01	0.73	0.72	0.77	0.52	0.64	0.75	0.66		0.8
48	# of Incidents that were Falls	74	80	63	95	60	72	83	62	75	69	64		797.0
49	Rate of Falls per 100 people	0.88	0.95	0.75	1.12	0.71	0.85	0.98	0.73	0.89	0.82	0.77		0.9
50	# of Falls resulting in serious injury	27	33	22	43	22	31	30	22	26	24	24		304.0
51	% of serious injuries due to falls	38.6%	47.1%	31.9%	48.8%	33.5%	50.8%	46.2%	50.0%	48.1%	38.1%	43.6%		43.3%



PFH Analysis: Incident Management

Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of Reportable Incidents per 100 service recipients for May 2011 (the last point on the line graph at the top of the chart) shows a decrease of approximately 1% from the previous month.

The monthly rate of Reportable Incidents per 100 service recipients has shown some variation from month to month. This rate has ranged from the high of 14.3 incidents per 100 services recipients per month this reporting month (March 2011) to a low of 10.9 for December 2010.

The May 2011 statewide rate of Serious Injuries per 100 service recipients shows a decrease of about 12% from the previous month.

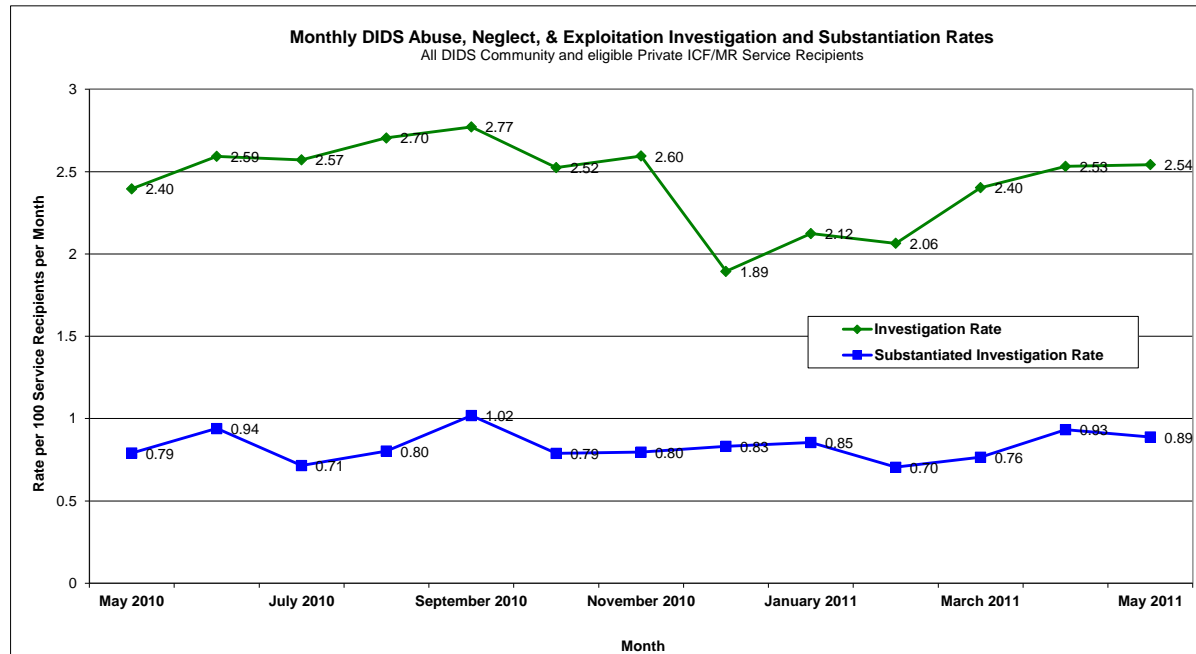
The monthly rate of Serious Injuries per 100 service recipients, at the bottom of the chart, has shown relatively greater monthly variation than the incident rate, at least partly due to the relatively lower number and rate of serious injuries. (Approximately 6% of Reportable Incidents are associated with a Serious Injury.) The Serious Injury rate ranged from a high of 1.01 Serious Injuries per 100 services recipients per month (October 2010) to a low of 0.52 (February 2011).

Conclusions and actions taken for the reporting period:

D.I.D.D. Protection From Harm conducted three training and discussion meetings in the three Regions with service provider Incident Management Coordinators during May 2011. The focus of these meetings was to review and discuss trend data for incidents and investigations, as well as review the Reportable Incident form definitions.

D.I.D.D. Protection From Harm also continues to coordinate with other D.I.D.D. sections to develop interventions aimed at reducing abuse and neglect, injuries, and incidents such as choking and falls.

D Protection From Harm/Investigations													
East Region		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
1	Census	3054	3052	3062	3062	3070	3085	3096	3127	3128	3134	3119	
2	# of Investigations	58	59	73	63	58	50	52	48	61	47	58	
3	Rate of Investigations per 100 people	1.90	1.93	2.38	2.06	1.89	1.62	1.68	1.54	1.95	1.50	1.86	
4	# of Substantiated Investigations	12	23	32	18	18	23	24	15	21	14	23	
5	Rate of Substantiated Investigations per 100 people	0.39	0.75	1.05	0.59	0.59	0.75	0.78	0.48	0.67	0.45	0.74	
6	Percentage of Investigations Substantiated	21%	39%	44%	29%	31%	46%	46%	31%	34%	30%	40%	
Middle Region		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
7	Census	3046	3052	3079	3079	3067	3073	3074	3079	3087	3088	3088	
8	# of Investigations	87	79	78	82	75	57	67	70	62	94	95	
9	Rate of Investigations per 100 people	2.86	2.59	2.53	2.66	2.45	1.85	2.18	2.27	2.01	3.04	3.08	
10	# of Substantiated Investigations	26	17	26	25	23	27	26	24	15	35	30	
11	Rate of Substantiated Investigations per 100 people	0.85	0.56	0.84	0.81	0.75	0.88	0.85	0.78	0.49	1.13	0.97	
12	Percentage of Investigations Substantiated	30%	22%	33%	30%	31%	47%	39%	34%	24%	37%	32%	
West Region		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
13	Census	2299	1993	2012	1979	2032	2026	2023	2028	2026	2031	2012	
14	# of Investigations	65	71	63	47	59	41	47	51	73	68	56	
15	Rate of Investigations per 100 people	2.83	3.56	3.13	2.37	2.90	2.02	2.32	2.51	3.60	3.35	2.78	
16	# of Substantiated Investigations	18	22	21	18	17	15	16	18	25	28	20	
17	Rate of Substantiated Investigations per 100 people	0.78	1.10	1.04	0.91	0.84	0.74	0.79	0.89	1.23	1.38	0.99	
18	Percentage of Investigations Substantiated	28%	31%	33%	38%	29%	37%	34%	35%	34%	41%	36%	
Statewide		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
19	Census	8399	8097	8153	8120	8169	8184	8193	8234	8241	8253	8219	
20	# of Investigations	210	209	214	192	192	148	166	169	196	209	209	
21	Rate of Investigations per 100 people	2.50	2.58	2.62	2.36	2.35	1.81	2.03	2.05	2.38	2.53	2.54	
22	# of Substantiated Investigations	56	62	79	61	58	65	66	57	61	77	73	
23	Rate of Substantiated Investigations per 100 people	0.67	0.77	0.97	0.75	0.71	0.79	0.81	0.69	0.74	0.93	0.89	
24	Percentage of Investigations Substantiated	27%	30%	37%	32%	30%	44%	40%	34%	31%	37%	35%	



D	Protection From Harm/Investigations
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Analysis:

A total of 209 investigations were conducted across the State during May, 2011. Statewide, investigations were conducted at a rate of 2.54 investigations per 100 people served during this reporting period.

Investigations were opened at varying rates regionally. 45% of the investigations (95) conducted across the State originated in the Middle Region. The rate of investigations per 100 people (3.08) served in Middle remained higher than normal for a second month in a row. In East, 58 investigations were opened at the rate of 1.86 per 100 people, and in West, 56 investigations were opened at the rate of 2.78 per 100 persons served.

The rate of substantiation also varies regionally. During this reporting period, the highest percentage of investigations that were substantiated occurred in the East Region, where 40% of the investigations were substantiated. Middle Region substantiated 36% and West substantiated 35%, making the statewide rate of substantiated investigations to be 35% or 73 of 209 cases.

E Due Process / Freedom of Choice

Data Source:

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

	East Region	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
1 SERVICE REQUESTS													
2 Total Service Requests Received		2585	2283	2217	2083	2041	1866	2019	2314	2547	2516	2593	
3 Total Adverse Actions (Incl. Partial Approvals)		179	148	154	153	123	134	134	159	202	189	170	
4 % of Service Requests Resulting in Adverse Actions		7%	6%	7%	7%	6%	7%	7%	7%	8%	8%	7%	
5 Total Grier denial letters issued		104	91	85	93	75	88	70	95	104	103	100	
6 APPEALS RECEIVED													
7 DELIVERY OF SERVICE													
8 Delay		1	0	0	0	0	0	0	0	1	0	1	
9 Termination		0	0	0	0	0	0	0	0	0	0	0	
10 Reduction		0	0	0	0	0	0	0	0	0	0	0	
11 Suspension		0	0	0	0	0	0	0	0	0	0	0	
12 Total Received		1	0	0	0	0	0	0	0	1	0	1	
13 DENIAL OF SERVICE													
14 Total Received		17	22	25	10	16	20	7	13	29	23	20	
15 Total Grier Appeals Received		18	22	25	10	16	20	7	13	30	23	21	
16 Total Non-Grier Appeals Received		0	0	0		0	0	2	1	1	12	0	
17 Total appeals overturned upon reconsideration		1	4	2	3	5	1	0	2	4	9	2	
18 TOTAL HEARINGS		41	29	30	23	21	19	16	26	28	16	12	
19 DIRECTIVES													
20 Directive Due to Notice Content Violation		0	0	0	0	0	0	0	0	0	0	0	
21 Directive due to ALJ Ruling in Recipient's Favor		0	1	1	0	1	1	0	0	0	0	0	
22 Other		5	6	0	6	1	1	2	1	0	0	1	
23 Total Directives Received		5	7	1	6	2	2	2	1	0	0	1	
24 Overturned Directives		0	0	0	0	0	0	0	0	0	0	0	
25 MCC Directives		0	0	0	0	0	0	0	0	0	0	1	
26 Cost Avoidance (Estimated)		\$68,526	\$21,138	\$0	\$222,119	\$0	\$0	\$0	\$9,636	\$0	\$0	0	
27 LATE RESPONSES													
28 Total Late Responses		0	0	0	0	0	1	0	1	0	0	0	
29 Total Days Late		0	0	0	0	0	2	0	2	0	0	0	
30 Total Fines Accrued (Estimated)		0	0	0	0	0	200	0	200	0	0		
31 DEFECTIVE NOTICES													
32 Total Defective Notices Received		0	0	1	0	0	0	0	2	0	0	2	
33 Total Fines Accrued (Estimated)		\$0	\$0	\$500	\$0	\$0	\$0	\$0	\$1,000	\$0	\$0	\$ 1,000	
34 *fine amount is based on timely response		0	0										
35 PROVISION OF SERVICES													
36 Delay of Service Notifications Sent (New)		1	0	0	0	0	0	2	0	0	0	0	
37 Continuing Delay Issues (Unresolved)		0	1	0	0	0	0	0	0	0	0	0	
38 Total days service(s) not provided per TennCare ORR		0	0	0	0	0	0	0	0	0	0	0	
39 Total Fines Accrued (Estimated)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	

	Middle Region	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
40	SERVICE REQUESTS												
41	Total Service Requests Received	2292	2747	1967	2306	2218	1749	1769	1902	2426	2342	2098	
42	Total Adverse Actions (Incl. Partial Approvals)	297	364	234	243	320	162	162	197	239	190	165	
43	% of Service Requests Resulting in Adverse Actions	13%	13%	12%	11%	14%	9%	9%	10%	10%	8%	8%	
44	Total Grier denial letters issued	194	224	229	149	136	157	81	118	167	377	139	
45	APPEALS RECEIVED												
46	DELIVERY OF SERVICE												
47	Delay	0	0	0	0	7	4	1	2	1	0	5	
48	Termination	0	0	0	0	0	0	0	0	0	0	0	
49	Reduction	0	0	0	0	0	0	0	0	0	0	0	
50	Suspension	0	0	0	0	0	0	0	0	0	0	0	
51	Total Received	0	0	0	0	7	4	1	2	1	0	5	
52	DENIAL OF SERVICE												
53	Total Received	27	24	16	14	13	11	16	5	15	10	17	
54	Total Grier Appeals Received	27	24	16	14	20	15	17	7	16	10	22	
55	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	1	0	0	
56	Total appeals overturned upon reconsideration	5	9	6	2	0	1	4	1	2	2	3	
57													
58	TOTAL HEARINGS	12	21	33	25	14	19	16	21	8	17	8	
59	DIRECTIVES												
60	Directive Due to Notice Content Violation	0	0	0	1	1	0	0	0	0	0	0	
61	Directive due to ALJ Ruling in Recipient's Favor	0	1	0	0	1	0	1	0	1	1	0	
62	Other	1	1	1	3	0	2	5	1	2	2	0	
63	Total Directives Received	1	2	1	4	2	2	6	1	3	3	0	
64	Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
65	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
66	Cost Avoidance (Estimated)	\$0	\$16,592	\$6,482	\$210,914	\$0	\$0	\$30,602	\$0	\$44,606	\$14,209	\$0	
67	LATE RESPONSES												
68	Total Late Responses	1	0	0	0	0	0	0	0	0	2	0	
69	Total Days Late	1	0	0	0	0	0	0	0	0	2	0	
70	Total Fines Accrued (Estimated)	100	0	0	0	0	0	\$0	\$0	0	200	0	
71	DEFECTIVE NOTICES												
72	Total Defective Notices Received	0	1	0	0	0	0	0	1	1	0	1	
73	Total Fines Accrued (Estimated)	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$500	\$500	\$0	\$500	
74	*fine amount is based on timely responses												
75	PROVISION OF SERVICES												
76	Delay of Service Notifications Sent (New)	0	0	0	0	0	0	0	0	0	0	0	
77	Continuing Delay Issues (Unresolved)	0	0	0	0	1	0	0	0	0	0	0	
78	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
79	Total Fines Accrued (Estimated)	0	0	0	0	0	0	0	0	0	0	0	

	West Region	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
80	SERVICE REQUESTS												
81	Total Service Requests Received	2201	2236	2260	2406	2008	2012	1824	1739	2312	2241	2424	
82	Total Adverse Actions (Incl. Partial Approvals)	168	181	146	177	108	147	99	119	130	165	228	
83	% of Service Requests Resulting in Adverse Actions	8%	8%	7%	7%	5%	7%	5%	7%	6%	7%	9%	
84	Total Grier denial letters issued	85	77	87	85	76	71	69	64	94	269	97	
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0	0	0	0	0	0	
88	Termination	0	0	0	0	0	0	0	0	0	0	0	
89	Reduction	0	0	0	0	0	0	0	0	0	0	0	
90	Suspension	0	0	0	0	0	0	0	0	0	0	0	
91	Total Received	0	0	0	0	0	0	0	0	0	0	0	
92	DENIAL OF SERVICE												
93	Total Received	12	10	5	9	6	4	4	5	7	4	3	
94	Total Grier Appeals Received	12	10	5	9	6	4	4	5	7	4	3	
95	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
96	Total appeals overturned upon reconsideration	3	1	1	4	0	1	2	1	0	6	2	
97	TOTAL HEARINGS	13	16	15	8	8	6	9	5	4	3	4	
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
100	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	1	0	1	0	2	0	0	0	
101	Other	2	1	7	3	2	3	1	0	0	1	0	
102	Total Directives Received	2	1	7	4	2	4	1	2	0	1	0	
103	Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
104	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
105	Cost Avoidance (Estimated)	\$16,592	\$12,384	\$295,372	\$93,458	\$0	\$0	\$0	\$0	\$0	\$81,282	\$0	
106	LATE RESPONSES												
107	Total Late Responses	1	0	0	0	0	0	0	0	0	0	0	
108	Total Days Late	1	0	0	0	0	0	0	0	0	0	0	
109	Total Fines Accrued (Estimated)	100	0	0	0	0	0						
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	1	0	0	1	0	0	0	0	0	0	
112	Total Fines Accrued (Estimated)	0	500	0	0	500	0	\$0	\$0	\$0	\$0	\$0	
113	*fine amount is based on timely responses												
114	PROVISION OF SERVICES												
115	Delay of Service Notifications Sent (New)	3	0	1	0	0	0	0	1	0	1	0	
116	Continuing Delay Issues (Unresolved)	5	5	2	1	1	1	1	1	2	0	0	
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
118	Total Fines Accrued (Estimated)	0	0	0	0	0	0	0	0	0	0	2	

	Statewide	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
119	SERVICE REQUESTS												
120	Total Service Requests Received	7078	7266	6444	6795	6267	5627	5612	5955	7285	7099	7115	
121	Total Adverse Actions (Incl. Partial Approvals)	644	693	534	573	551	443	395	475	571	544	563	
122	% of Service Requests Resulting in Adverse Actions	9%	10%	8%	8%	9%	8%	7%	8%	8%	8%	8%	
123	Total Grievance letters issued	383	392	401	327	287	316	220	277	365	749	336	
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	1	0	0	0	7	4	1	2	2	0	6	
127	Termination	0	0	0	0	0	0	0	0	0	0	0	
128	Reduction	0	0	0	0	0	0	0	0	0	0	0	
129	Suspension	0	0	0	0	0	0	0	0	0	0	0	
130	Total Received	1	0	0	0	7	4	1	2	2	0	6	
131	DENIAL OF SERVICE												
132	Total Received	56	56	46	33	35	35	27	23	51	37	40	
133	Total Grievance Appeals Received	57	56	46	33	42	39	28	25	53	37	46	
134	Total Non-Grievance Appeals Received	0	0	0	0	0	0	2	1	2	12	0	
135	Total appeals overturned upon reconsideration	9	14	9	9	5	3	6	4	6	17	7	
136	TOTAL HEARINGS	66	66	78	56	43	44	41	52	40	36	24	
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	1	1	0	0	0	0	0	0	
139	Directive due to ALJ Ruling in Recipient's Favor	0	2	1	1	2	2	1	2	1	1	0	
140	Other	8	8	8	12	3	6	8	2	2	3	1	
141	Total Directives Received	8	10	9	14	6	8	9	4	3	4	1	
142	Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
143	MCC Directives	0	0	0	0	0	0	0	0	0	0	1	
144	Cost Avoidance (Estimated)	\$85,117	\$50,113	\$301,854	\$526,491	\$0	\$0	\$30,602	\$9,636	\$44,606	\$95,491	\$0	
145	Cost Avoidance (Total Month-Estimated)	\$105,338	\$167,999	\$455,982	\$526,491	\$58,174	\$78,681	\$33,986	\$157,082	\$210,095	\$203,613	\$209,729	
146	Cost Avoidance (YTD-Estimated)	\$1,792,662	\$2,056,780	\$2,644,700	\$3,079,496	\$3,451,927	\$3,539,080	\$33,986	\$177,006	\$367,177	\$570,790	\$780,519	
147	LATE RESPONSES												
148	Total Late Responses	2	0	0	0	0	1	0	1	0	2	0	
149	Total Days Late	2	0	0	0	0	2	0	2	0	2	0	
150	Total Fines Accrued (Estimated)	\$200	\$0	\$0	\$0	\$0	\$200	\$0	200	0	200	0	
151	Total Defective Notices Received	0	2	1	0	1	0	0	3	1	0	3	
152	Total Fines Accrued (Estimated)	\$0	\$1,000	\$500	\$0	\$500	\$500	\$0	\$1,500	\$500	\$0	\$1,500	
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	4	0	1	0	0	0	2	1	0	1	0	
156	Continuing Delay Issues (Unresolved)	5	6	2	1	2	1	1	1	2	0	0	
157	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	2	

Appeals:

The DIDD received 46 appeals in May which is a 24% increase in volume compared to the previous month. The percentage of service requests submitted resulting in adverse actions remained at 8% which is the current fiscal average.

Directives:

One directive was received statewide in the month of May.

The East region received a directive due to the region approving the request upon additional information being received and reviewed. The request was for SL3-2 from 2/10/11-2/9/12.

Cost Avoidance:

Cost avoidance for the month of May is \$ 209,728.99 and is \$ 780,518.96 for the calendar year.

Sanction/Fines:

Late Responses:

There were no late responses this month.

Defective Notices:

The East region received 2 defective notices for this month. One was due to the legal basis being incorrect and the other was due to the explanation on why the requested service was being denied was not based on individual circumstances.

F Provider Qualifications / Monitoring (II.H., II.K.)									
Data Source:									
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.									
	Day and Residential Provider	Statewide 6/11				Cumulative / Statewide 6/11			
1	# of Day and Residential Providers Monitored this Month	13				63			
2	Total Census of Providers Surveyed	403				2374			
3	# of Sample Size	87				444			
4	% of Individuals Surveyed	22%				19%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
7	Domain 2: Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	92%	7%	0%	0%	84%	15%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	61%	38%	0%	0%	69%	25%	3%	1%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	53%	15%	30%	0%	53%	30%	12%	3%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	84%	15%	0%	0%	76%	22%	1%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	93%	3%	3%	0%
15	Outcome C. Safeguards are in place to protect the person from harm.	38%	53%	0%	7%	41%	44%	11%	3%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	93%	6%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	98%	1%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	63%	27%	9%	0%	61%	25%	10%	3%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	61%	30%	7%	0%	57%	34%	4%	3%
23	Outcome B. The person takes medications as prescribed.	63%	18%	18%	0%	62%	24%	6%	6%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	84%	15%	0%	0%	92%	6%	1%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	85%	14%	0%	0%	92%	2%	5%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	91%	8%	0%	0%	95%	4%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	69%	7%	23%	0%	69%	15%	9%	4%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	46%	30%	23%	0%	60%	26%	9%	3%
	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	53%			46%	60%			39%
38	Outcome C. Provider staff are adequately supported.	46%	38%	15%	0%	60%	25%	9%	4%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	84%	7%	7%	0%	92%	3%	3%	1%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	61%	23%	7%	7%	82%	12%	3%	1%
42	Outcome B. People's personal funds are managed appropriately.	50%	40%	10%	0%	50%	42%	7%	0%

Personal Assistance		Statewide 6/11				Cumulative / Statewide 6/11			
43	# of Personal Assistance Providers Monitored this Month					9			
44	Total Census of Providers Surveyed					385			
45	# of Sample Size					55			
46	% of Individuals Surveyed	#DIV/0!				14%			
47	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation									
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.					55%	44%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					66%	33%	0%	0%
51	Domain 3: Safety and Security								
52	Domain 3: Safety and Security					100%	0%	0%	0%
53	Outcome A. Where the person lives and works is safe.					66%	33%	0%	0%
54	Outcome B. The person has a sanitary and comfortable living arrangement.								
55	Outcome C. Safeguards are in place to protect the person from harm.					100%	0%	0%	0%
56	Domain 4: Rights, Respect and Dignity					100%	0%	0%	0%
57	Outcome A. The person is valued, respected and treated with dignity.					33%	66%	0%	0%
58	Outcome C. The person exercises his or her rights.								
59	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
60	Domain 5: Health					100%	0%	0%	0%
61	Outcome A. The person has the best possible health.					100%	0%	0%	0%
62	Outcome B. The person takes medications as prescribed.								
63	Outcome C. The person's dietary and nutritional needs are adequately met.					88%	11%	0%	0%
64	Domain 6: Choice and Decision-Making					100%	0%	0%	0%
65	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
66	Outcome B. The person and family members have information and support to make choices about their lives.					77%	22%	0%	0%
67	Domain 7: Relationships and Community Membership					44%	55%	0%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					44%			55%
69	Outcome C. Provider staff are adequately supported.					88%	11%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
71	Domain 10: Administrative Authority and Financial Accountability								
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					100%	0%	0%	0%

I Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers		Statewide6/11				Cumulative / Statewide 6/11			
73	# of ISC Providers Monitored this Month								
74	Total Census of Providers Surveyed								
75	# of Sample Size								
76	% of Individuals Surveyed	#DIV/0!				#DIV/0!			
77	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- compliance %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
82	Outcome B. Services and supports are provided according to the person's plan.								
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.								
86	Outcome B. The person has a sanitary and comfortable living arrangement.								
87	Outcome C. Safeguards are in place are in place to protect the person from harm.								
88	Domain 9: Provider Capabilities and Qualifications								
89	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
90	Outcome B. Provider staff are trained and meet job specific qualifications.								
91	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
92	Outcome C. Provider Staff are adequately supported.								
93	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
94	Domain 10: Administrative Authority and Financial Accountability								
95	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

I	Provider Qualifications / Monitoring (II.H., II.K.)								
	Clinical Providers- Behavioral		Statewide 6/11				Cumulative / Statewide 6/11		
96	# of Clinical Providers Monitored for the month						9		
97	Total Census of Providers Surveyed						621		
98	# of Sample Size						56		
99	% of Individuals Surveyed		#DIV/0!				9%		
100	# of Additional Focused Files Reviewed		0				0		
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					88%	11%	0%	0%
103	Outcome B. Services and supports are provided according to the person's plan.					66%	33%	0%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					88%	11%	0%	0%
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.					77%	22%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					83%	0%	16%	0%
111	Domain 6: Choice and Decision-Making								
112	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
113	Domain 9: Provider Capabilities and Qualifications								
114	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					77%	11%	11%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.					85%	0%	14%	0%
116	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					83%			16%
117	Outcome C. Provider staff are adequately supported.					60%	40%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					100%	0%	0%	0%

Clinical Providers- Nursing		Statewide 6/11				Cumulative / Statewide 6/11			
120	# of Clinical Providers Monitored for the month					5			
121	Total Census of Providers Surveyed					66			
122	# of Sample Size					16			
123	% of Individuals Surveyed	#DIV/0!				24%			
124	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- compliance %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- compliance %
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					40%	60%	0%	0%
127	Outcome B. Services and supports are provided according to the person's plan.					60%	40%	0%	0%
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					60%	0%	40%	0%
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
131	Outcome C. Safeguards are in place to protect the person from harm.					20%	60%	20%	0%
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.					80%	0%	20%	0%
137	Outcome B. The person takes medications as prescribed.					60%	0%	20%	20%
138	Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					20%	60%	0%	20%
143	Outcome B. Provider staff are trained and meet job specific qualifications.					40%	40%	20%	0%
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					40%			60%
145	Outcome C. Provider staff are adequately supported.					60%	0%	40%	0%
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					60%	40%	0%	0%

Clinical Providers- Therapy		Statewide 6/11				Cumulative / Statewide 6/11			
148	# of Clinical Providers Monitored for the month	1				11			
149	Total Census of Providers Surveyed	20				590			
150	# of Sample Size	4				68			
151	% of Individuals Surveyed	20%				12%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	63%	36%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	36%	63%	0%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	27%	54%	18%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	72%	27%	0%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	81%	18%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
169	Outcome C. Provider staff are adequately supported.					88%	11%	0%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	81%	18%	0%	0%

F
QA Summary for QM Report (thru 5/11 data)

Performance Overview- Calendar Year 2011 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	30%	23%	44%	-	67%	40%	18%
Proficient	42%	41%	56%	-	22%	20%	64%
Fair	21%	27%	0%	-	11%	20%	18%
Significant Concerns	7%	9%	0%	-	0%	20%	0%
Serious Deficiencies	0%	0%	0%	-	0%	0%	0%
Total # of Providers	98	64	9	0	9	3	11

Day / Residential Providers:

Providers reviewed: East- ARC of Claiborne County, Prolex Medical Services; Middle- BIOS of Tennessee, Care Focus, Eldee, Guardian Community Living, Lend A Hand, Warm Hearts Care; West- Georgia Lee, Mid-South Area Residential Services, Mosaic, Omni Visions, Open Arms Healthcare Agency.

East Region:

ARC of Claiborne County- The survey resulted in an overall performance rating of Fair, with a score of 48. This reflects a 10 point improvement in performance when compared to the 2010 survey results (Fair-38). Further comparison between the last two surveys revealed improved performance ratings in Domains 2 (PC), 4 (SC), 5 (MC) and 9 (SC), while all other Domains maintained a rating of SC. While some notable improvements in organizational structure had occurred, most of the issues identified during the 2011 survey could be linked to the lack of fully developed and effective oversight and self-assessment processes. If the provider enhances these processes, it should have a positive impact on its performance during the next survey. Some improvements were noted; however, continued performance issues were identified for Domain 5. Inconsistencies in the quality and timeliness of health related services and supports were identified. The annual change in personnel assigned as the provider's Medical Director continued to pose a barrier to establishing and implementing clear procedures for providing and documenting health care management and oversight. In some cases, poor documentation practices contributed to the difficulty in determining if services were provided in accordance with orders and recommendations. This was particularly evident for the direct nursing services reviewed and for some of the staff training on therapy related plans and supports. Domain 2 issues pertained to the provider's lack of an effective system for ensuring staff document sufficient information related to the implementation of services and supports, and continued difficulty in establishing a consistently effective monthly review process. There was evidence that supervisory level staff had made efforts to gain a better understanding of the intent of the process and were able to benefit from the discussions of the issues identified during the survey. Continued efforts in this area are anticipated to result in improved staff oversight and more effective monitoring of the provision of services and supports. Personal funds reviewed at ARC of Claiborne County-Of the 5 accounts reviewed, all were considered to be fully accounted for, with no issues noted.

Prolex Medical Services- The survey resulted in an overall performance rating of Fair, with a score of 46. This reflects some decline in performance when compared to the 2009 survey results (Exceptional-54). Domains 2, 5, 9 and 10 accounted for the decline in performance, as each received a rating of PC. The provider has a history of providing quality supports to people with complex health issues. Review activities revealed very well established and effective systems for providing Behavior Analyst services and some other programmatic systems continued to reflect the proficient performance consistent with the provider's history. Most significant issues related to the implementation and/or documentation of risk and health related supports for two people included in the survey sample. Some of the more salient features associated with the decline were as follows: Domain 2-problems with timeliness and accuracy of assessments; lack of staff knowledge about individual health and risk issues, supports and interventions (particularly for two individuals included in the sample); the most recent amendments to the ISP were not always available in the home; supports related to risks, health, dietary and equipment needs were not always documented in accordance with the person's plan. Domain 5-There were problems with the implementation of physician orders and therapy related plans and supports, as well as completion of tracking forms/logs; recommended follow-up did not always occur as indicated for health supports and services; there were also MAR maintenance issues and medication storage problems. An Immediate Jeopardy issue was identified for one person when a support staff did not follow the Mealtime Instructions.

Domain 9-Survey activities revealed significant issues with the maintenance of documentation and the storage of records. Staff were often unable to locate records needed for review and it appeared that the manner in which some records were being maintained could pose a risk, as staff did not always appear to have access to needed information. The agency has expanded services and is in the process of serving more people, but it did not appear that oversight systems had been refined to address the need for changes in strategies and practices. Some aspects of internal self-assessment practices were excellent, while self-assessment was lacking in other areas. Problems with documentation of nursing services and the maintenance of staff training and personal funds records had not been detected through self assessment activities. The agency was encouraged to request assistance in further developing its self assessment and quality improvement system, and to consider the use of a structured approach, such as process mapping, for developing effective internal communication and staff oversight practices for areas that need to be strengthened. Refinement of specific policies and procedures, coupled with effective oversight and self-assessment practices should result in recognizable improvements during the next survey.

Domain 10-An isolated issue with the initial documentation of Community Based Day services will be reviewed for potential recoupment. A significant portion of financial records had already been archived/stored and could not be located during the survey; inventories did not contain all required/identifying information.

Cont.

Day / Residential Providers:

Middle Region:

BIOS-Scored a Fair on the QA survey. No Domains scored less than Partial Compliance; however Outcome 2.D. scored Minimal Compliance due to issues with the Monthly Reviews and the accuracy of the data reported, Outcomes/action steps from previous ISP's reported on and failure to notify the ISC of emerging issues. For one individual, there was no ISP in the home and a sanction occurred. Criminal background checks were completed too early for 13 of 46 new hires for a 71.7% compliance rate and a sanction warning occurred. Registry checks were completed timely. Outcome 4.D. also scored Minimal Compliance due to issues with consents for psychotropic medications not having the accurate dosage and/or obtained timely. Restrictive interventions had been implemented without HRC review and consents were not completed for them. Training for new hires and tenured staff was completed appropriately. Rebilling for 2 individuals was required and completed during the survey for billing for individuals when they were at home with their families. The agency was made aware to always document for the second staff person for an SL4 rate. For 2 of 3 individual financial record reviews there were no issues. One person had paid for pest control without a lease agreement stipulation. The agency repaid the individual.

Lend a Hand- Scored Exceptional (perfect score). No concerns noted. No new staff and the 2 tenured staff scored 100% compliant for the refresher training. No issues noted for the 1 person reviewed by the QA surveyor, not the accountant (in regard to financial records).

Warm Hearts Care- Scored a Fair on the QA survey with Domain 3 and 5 scoring Minimal Compliance. Outcome 2.D. scored Minimal Compliance due to failure to address all outcomes and action steps in the Monthly Reviews, some reviews were missing and the failure to notify the ISC timely when there were occurrences needing resolution. Domain 3 scored Minimal Compliance due to several under reporting incidents of elopement with police notification and therefore the Incident Management process needed improvement and failure to complete vehicle maintenance per agency policy. A Sanction Warning occurred for a compliance rate below 85% for 62 new hires for criminal background and all 3 registry checks. Domain 9 scored Minimal Compliance due to an in-effective self-assessment process resulting in an inadequate internal quality improvement system. There was no ISP in one home and a sanction occurred. Training for the 62 new hires was below 85% for Mock Fire Drills and Specific Needs Training. Also for 17 tenured staff reviewed, CPR and First-Aid was 70% or below for a compliance rate (a Sanction Warning occurred for training which also addressed the CPR and First-Aid issue of tenured staff. An incident report was completed for one tenured staff who had their medication recertification expire during the previous year for 2 months, yet continued to administer medications. Outcome 10.A. scored Minimal Compliance due to recoupment/rebiling issues identified for 2 people on the sample (one for discrepancies in the number of units billed verses the number of units documented for PA services and one for Supported Employment services. Two of two financial records reviewed had issues with bank fees, food stamp spending not supported by receipts and one of the two had their food stamps denied due to failing to keep an appointment for an interview. Reimbursement to the individuals was required.

Guardian-Scored Proficient on the survey with no Domains scoring less than Partial Compliance. Staff qualification reviews for background and registry checks for the 30 new hires were completed accurately. Training for new hires was completed accurately; however for tenured employees, CPR and First Aid were not updated in a timely manner. There were some personal funds issues note and repayment to individuals was required. For 2 of 3 individual financial records reviewed, there were late fees incurred, money orders used to pay for rent payments and paying for a pressure washing of a rental home without stipulation in the lease agreement. Money is to be reimbursed to the individuals.

Care Focus- Scored Proficient with no Domains scoring less than Partial Compliance. All staff qualification checks (background and registry) and required training were completed for the 37 new employees with an overall performance rate of above 89% compliance. No exceptions were found during the review of individual financial records.

Elldoe- Scored Exceptional with a perfect score. No concerns noted. No new staff were hired during the past year and the tenured staff scored 100% on their timely recertification in First Aid, CPR and Medication Administration.

Cont.

Day / Residential Providers:

West Region:

Georgia Lee – microboard providing Day/Res services scored 52 of 54/Proficient on the QA survey exited 6/6/11; no Domain or Outcome scored less than PC. Significant improvements were noted since the 2010 survey which scored 36 of 54/Fair and included scores of MC or NC for 3 Domains and 8 Outcomes. Improvements were noted at least in the areas of monthly reviews and communication with the ISC; development and implementation of policies and processes regarding vehicle inspection, PFH, medication variance trending, and records maintenance; ensuring HRC review of and informed consent for psychotropic medications; medication being administered in accordance with physicians' orders and by trained staff; and maintenance of minutes of the governing board and of documentation sufficient to support the provision of services billed. The primary agency contact this year, an employee of the President of the Board, had assumed responsibility for the majority of paperwork related to the agency. No new staff were reported to be employed since the time of the last survey. No personal funds review was warranted as no one employed by the agency is representative payee of the service recipient's benefits.

Mid-South Area Residential Services – Day/Res provider scored 54 of 54/Exceptional on the QA survey exited 6/3/11. All Domains and Outcomes other than 4D scored SC with outcome 4D scoring PC. TDMH licenses for services reviewed and clinical staff credentials were present and current throughout the review period. Though the agency does not provide waiver funded clinical services, the provider was directed to contact DOH for advice as the agency nurses were providing skilled nursing services (blood glucose checks) to two people at the time of the survey. New staff training was at 100% for overall compliance with the exception of First Aid which was 96% (one staff needed current certification). All Staff Qualification items were present and timely at 100%. Personal funds review reflected the provider has implemented policies and procedures related to its practices in accordance with DIDD requirements and Generally Accepted Accounting Practices. Provider maintains monthly budgets for all individuals which show projected versus actual expenditures.

Omni Visions – Day/Residential provider scored 48 of 54/Proficient on the QA survey exited 6/16/11; no domain or outcome scored less than PC. TDMH and DOH licenses for services reviewed and clinical staff credentials were present and current throughout the review period. The Provider Agreement reviewed during the survey did not list Residential Habilitation, a provided service, as approved by DIDD; however, Central Office confirmed the service had been approved, was inadvertently omitted, and the Provider Agreement would be amended to reflect its approval. All Staff Qualification items scored greater than 85% for overall compliance as did training modules reviewed for 64 new staff. A review of personal funds reflected no issues of concern.

Mosaic – Residential/Day provider scored 50 of 54/Proficient on the QA survey exited June 24, 2011; no Domain or Outcome scored less than PC. TDMH licenses for services reviewed and clinical staff credentials were present and current throughout the review period. QP items reviewed scored 100% for the 25 new staff. Review of training for these new staff reflected three modules scored 85% or less – Introduction to Developmental Disabilities (overall compliance 85.0%), Person Centered Planning and Supports (81.8%), and Positive Behavior Supports (81.8%). One staff was not trained in 2 of these modules and staff were not always trained timely in all 3 modules. Training reviewed for a sample of tenured staff was current and present though not always completed timely. Sanction warning letter specific to staff training is pending. A review of personal funds revealed some concerns regarding the agency's processes to ensure the appropriateness of items paid by the person supported; some reimbursement to individuals is due.

Open Arms Healthcare Agency – Day/Personal Assistance provider scored 44 of 54/Fair on this first full QA survey that exited June 23, 2011; Domain 9 and Outcomes 9A, 9B and 9D scored MC with the remaining Domains and Outcomes scoring PC or greater. The agency continues to support one person in its DIDD funded program. Surveyor concerns revolved primarily around the agency's apparent lack of a comprehensive and effective system for self assessment and quality improvement planning. TDMH licenses for services reviewed were present and current throughout the review period. QP items reviewed scored greater than 85% for the 1 new staff only with regard to general requirements. The criminal background and all registry checks were present though all were completed late. Review of training for this new staff person reflected 9 modules scoring 0% due to absence of evidence of training or training deemed unacceptable (i.e. web-based CPR training) with only 3 modules completed timely. The training file for the one tenured staff contained evidence CPR was completed late and no evidence of certification in First Aid was found. Sanction warning letters regarding both staff qualifications and staff training are pending. The agency does not currently provide residential services thus no review of personal funds was warranted.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

PA Providers:

East- no reviews; Middle- no reviews; West- no reviews.

ISC Providers:

no reviews

Clinical Providers: Behavioral-Nursing-Therapies

Behavioral Providers:

Behavioral: East- no reviews; Middle- no reviews; West- no reviews.

Nursing Providers:

Nursing: : East- no reviews; Middle- no reviews; West- no reviews.

Health Angels- An initial consult was completed with no concerns noted. They are currently only providing services to one individual.

Therapy Providers:

Therapy: East- no reviews; Middle- Amanda Williams OT Services; West- no reviews.

Amanda Williams-OT- Scored Proficient on the QA survey due to a score of Partial Compliance in Domain 2, however no concerns noted. Met criteria for 3-Star status.

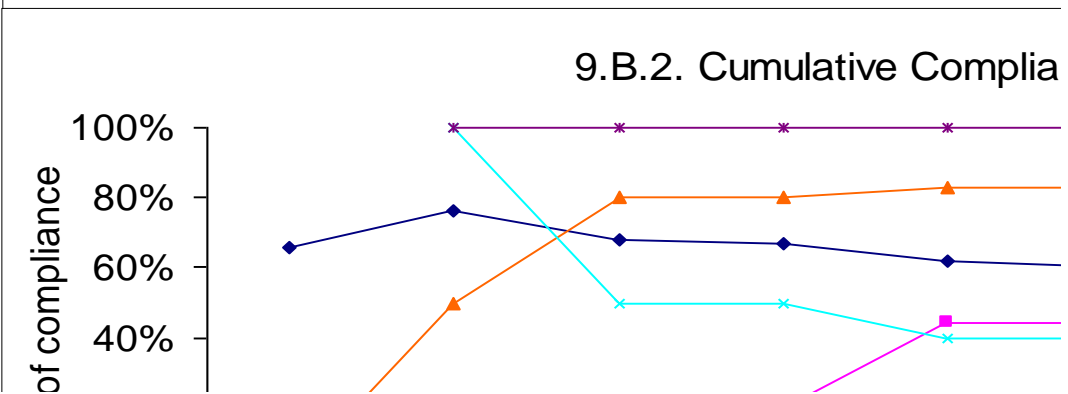
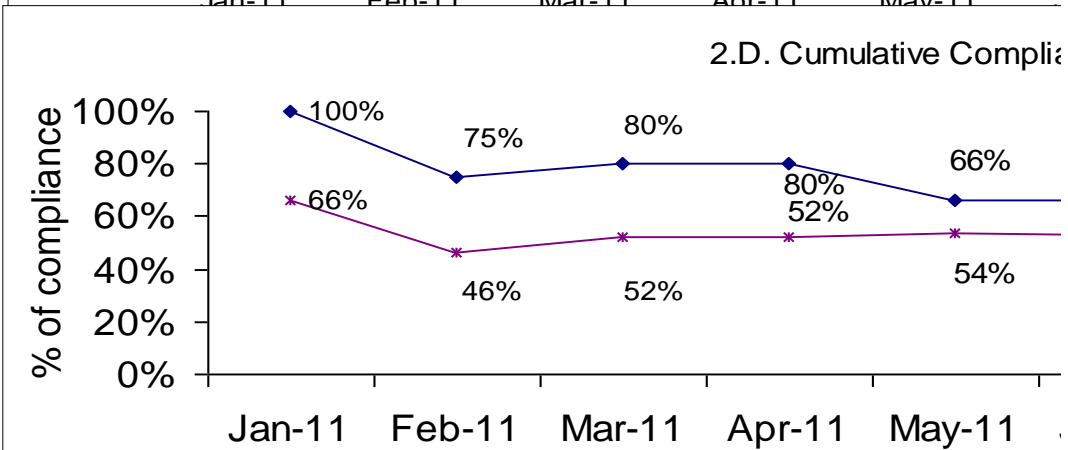
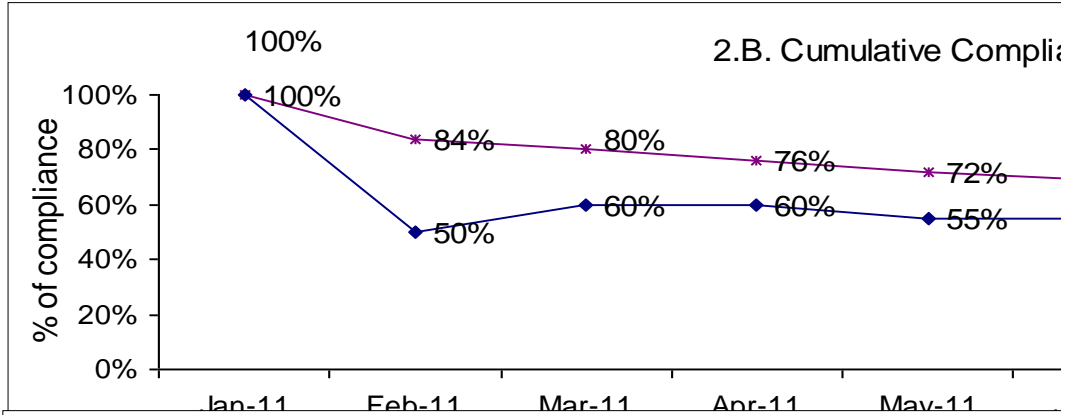
Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

For 5/11:	% of Providers in Compliance
Provider Type	
Day-Residential	61%
Personal Assistance	N/A



F Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	# of Individual Personal Funds												
1	Accounts Reviewed	0	17	19	23	19	11						
	# of Individual Personal Funds												
2	Accounts Fully Accounted For	0	14	12	22	18	5						
	# of Personal Funds Accounts												
3	Found Deficient	0	3	7	1	1	6						
	% of Personal Funds Fully												
4	Accounted for	N/A	82%	63%	96%	95%	45%						
	% of Personal Funds Found												
5	Deficient	N/A	18%	37%	4%	5%	55%						

	Personal Funds - Middle	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	# of Individual Personal Funds												
6	Accounts Reviewed	3	12	15	15	21	10						
	# of Individual Personal Funds												
7	Accounts Fully Accounted For	0	12	7	7	9	5						
	# of Personal Funds Accounts												
8	Found Deficient	3	0	8	8	12	5						
	% of Personal Funds Fully												
9	Accounted for	0%	100%	47%	47%	43%	50%						
	% of Personal Funds Found												
10	Deficient	100%	0%	53%	53%	57%	50%						

	Personal Funds - West	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	# of Individual Personal Funds												
11	Accounts Reviewed	0	6	8	4	23	17						
	# of Individual Personal Funds												
12	Accounts Fully Accounted For	0	6	0	4	23	14						
	# of Personal Funds Accounts												
13	Found Deficient	0	0	8	0	0	3						
	% of Personal Funds Fully												
14	Accounted for	N/A	100%	0%	100%	100%	82%						
	% of Personal Funds Found												
15	Deficient	N/A	0%	100%	0%	0%	18%						

	Personal Funds - Statewide	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	# of Individual Personal Funds												
16	Accounts Reviewed	3	35	42	42	63	38						
	# of Individual Personal Funds												
17	Accounts Fully Accounted For	0	32	19	33	50	24						
	# of Personal Funds Accounts												
18	Found Deficient	3	3	23	9	13	14						
	% of Personal Funds Fully												
19	Accounted for	0%	91%	45%	79%	79%	63%						
	% of Personal Funds Found												
20	Deficient	100%	9%	55%	21%	21%	37%						

	Cumulative Funds Data	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	# of Individual Personal Funds												
21	Accounts Reviewed	3	38	80	122	185	223						
	# of Individual Personal Funds												
22	Accounts Fully Accounted For	0	32	51	84	134	158						
	# of Personal Funds Accounts												
23	Found Deficient	3	6	29	38	51	65						
	% Funds Accounted for,												
24	Cumulatively	0%	84%	64%	69%	72%	71%						
	% Funds Deficient, Cumulatively												
25		100%	16%	36%	31%	28%	29%						

Region	% of Personal Funds Fully Accounted For
East	45%
Middle	50%
West	82%
Statewide	63%

Cumulative, % of Funds Fully

